



## LIQUOR LICENSE APPLICATION

Date of Application: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*(As it is to appear on license. If corporation, name of corporation and managing officer)*

- Original Applications: Submit a copy of your Missouri voter registration card & background check performed by the Missouri Highway Patrol along with the application.*
- Renewal Applications: Submit completed application and background check per Ordinance 15.81 (voter registration not required for renewals.) Completed applications must be received by May 1<sup>st</sup>. Applications received after May 1 are subject to the following late fees: May 2 to May 31 - \$100 late fee; June 1 to June 30 - \$200 late fee; after June 30 - \$300 late fee.*

| Item   | Fee    | License Description   | City Code |
|--------|--------|---|-----------|
| a. ___ | 375.00 | Manufacture and distribution (not sales) of intoxicating malt liquor not more than 5% alcohol by weight.  | MDBWT     |
| b. ___ | 150.00 | Distribution or wholesale of intoxicating liquors not more than 5% alcohol by weight.   | DBLQWT    |
| c. ___ | 300.00 | Manufacture or distilling of intoxicating liquors in excess of 5% alcohol by weight.  | MLQWT     |
| d. ___ | 750.00 | Distribution or wholesale of intoxicating liquors in excess of 5% alcohol by weight.  | DLQWT     |
| e. ___ | 75.00  | Retail sales of intoxicating liquors not more than 5% alcohol by weight in original package to be consumed on premises. <b>(Includes Sunday Sales.)</b>                     | BPR       |
| f. ___ | 75.00  | Retail sales of intoxicating liquors not more than 5% alcohol by weight in original package <b>not to be consumed</b> on premises. <b>(Includes Sunday Sales.)</b>          | BPK       |
| g. ___ | 450.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be consumed on premises.  | LDRK1     |
| h. ___ | 750.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight to be consumed on premises. <b>(Includes Sunday Sales.)</b>  | LDRK2     |
| i. ___ | 150.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original package <b>not to be consumed or opened</b> on premises.                                 | LPKG1     |
| j. ___ | 450.00 | Retail sales of intoxicating liquors in excess of 5% alcohol by weight in original package <b>not to be consumed or opened</b> on premises. <b>(Includes Sunday Sales.)</b> | LPKG2     |
| k. ___ | 75.00  | Retail sales of malt liquor not more than 5% alcohol by weight /or light wines containing in excess of 14% alcohol by weight.   | BWDRK1    |
| l. ___ | 375.00 | Retail sales of malt liquor not more than 5% alcohol by weight /or light wines containing in excess of 14% alcohol by weight. <b>(Includes Sunday Sales.)</b>               | BWDRK2    |
| m. ___ | 300.00 | Sunday Liquor Sales   | LSUN      |
| n. ___ | 15.00  | *Caterer per day.   | CTLQDY    |
| o. ___ | 10.00  | *Picnic per day.  | PCLQDY    |
| p. ___ | N/C    | Change of managing officer.   | MGO       |
| q. ___ | N/C    | Wine tasting.   | WTG       |

\* If applying for a Caterer or a Picnic license, describe the event in detail and provide the name, location, time and date of the event.

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**A) Personal Information:**

Application of:     Owner     Co-owner     Managing Officer

(If Owner is not the managing officer of the establishment, please indicate co-owner or managing officer.)

1) Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(List maiden name if female applicant)

2) Current address: \_\_\_\_\_ How long: \_\_\_\_\_

3) Mailing address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

4) List addresses for past 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

6) Driver's license No.: \_\_\_\_\_ State of issue: \_\_\_\_\_

7) Are you a U.S. citizen?     Yes     No    If a naturalized citizen, give country of birth: \_\_\_\_\_

8) Indicate date and number of final citizenship paper: \_\_\_\_\_

9) Spouse's name: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_

10) Have you ever been arrested?     Yes     No    If yes, give date, city where arrested and final disposition: \_\_\_\_\_

11) Have you ever been convicted of a felony?     Yes     No

12) If you are not an Osage Beach, MO resident, in what city or county are you a tax paying citizen? \_\_\_\_\_

13) Name and address of your previous employers: (Past 5 years)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) Have you ever had a license to manufacture or sell intoxicating liquor or beer revoked?     Yes     No  
If yes, please give details: \_\_\_\_\_

15) Have any of your employees been convicted of a felony?     Yes     No    If yes, please give details: \_\_\_\_\_

16) Have any of your employees ever had a license to manufacture or sell intoxicating liquor or beer revoked?  
 Yes     No    If yes, please give details: \_\_\_\_\_

17) Have you been convicted of violating any law, in any state, regarding the manufacture or sale of intoxicating  
or non-intoxicating liquor, after December 15, 1933?     Yes     No    If yes, please give details: \_\_\_\_\_

**Please complete this page for each officer and/or member of your corporation/partnership**

**B) Location Information:**

1) Name of establishment for which license is sought: \_\_\_\_\_

2) EXACT location (street address) of establishment: \_\_\_\_\_

3) Phone No.: \_\_\_\_\_ Do you have a current city business license?  Yes  No

4) Is property located within 300 ft. of a church, school, or college as defined by city ordinance? \_\_\_\_\_

5) Is establishment occupied in whole or part as a dwelling?  Yes  No

6) Is entire establishment arranged so that all areas where customers are served visible to the public?  
 Yes  No

7) Is establishment occupied and operated mainly as a drug store, cigar and tobacco store, grocery store, general store, confectionery or delicatessen?  Yes  No

8) Do you have a stock of merchandise totaling \$1,000 or more, exclusive of fixtures and intoxicating liquors?  
 Yes  No

9) Please give dimensions of all areas where intoxicating liquors will be served or dispensed: \_\_\_\_\_

10) Seating capacity for above defined areas: \_\_\_\_\_

11) If application is for liquor by the drink, do you have furniture and equipment in the establishment valued at \$5,000 or more?  Yes  No

12) If application is for Sunday sales, are state qualifications met?  Yes  No

**C) Partnership or Limited Liability Company (LLC) Information:**

1) Please give name, address, date and place of birth for each partner or member, whether general or limited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Does anyone else have financial interest in the partnership?  Yes  No

If yes, please give name, address, and nature of interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) Are all members of partnership also eligible for a license as an individual under the provisions of city ordinances?  Yes  No

4) Has a wholesale or retail license to manufacture or sell intoxicating liquor or beer, held by the partnership or any of its members been revoked or suspended?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D) Corporation Information:**

1) Name of corporation: \_\_\_\_\_

2) Date of incorporation: \_\_\_\_\_ State in which incorporated: \_\_\_\_\_

3) Name and address of each officer and director of corporation, and resident local manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Name and address of each corporation stockholder owning 10% or more of the capital stock, including the number of shares held by each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Has corporation's license to manufacture or sell intoxicating liquor or beer ever been revoked?

Yes  No

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**ORIGINAL APPLICATION**

***Each individual owner or managing officer of a corporation or limited liability company must submit a criminal background check performed by the Missouri Highway Patrol and a copy of his or her State of Missouri voter registration card***

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**Notary Information:**

State of Missouri }

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County of Camden }

I, \_\_\_\_\_, being first duly sworn, state that I am the person who is to be in fact actively engaged in the actual control of the particular establishment (business, if manufacturer or distributor) for which such license is sought and that each and every statement contained in the foregoing application is true. I further promise and agree not to violate any of the ordinances of the City of Osage Beach, Missouri, the laws of the State of Missouri or of the United States of America, in the conduct of the business for which this license is hereby sought.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public:

Liquor Control Board members recommending approval:

Police Chief: \_\_\_\_\_

Board of Alderman Representative: \_\_\_\_\_

City Collector: \_\_\_\_\_

Planning Commission Chair: \_\_\_\_\_